Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	yer's name	Social security number					
PRA	ASHANTH KOLA	636-65-	2904				
Spouse	e's name	Spouse's soci	al security n	umber			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you ar	e authoriz	zing.)			
Enter	whole dollars only on lines 1 through 5.						
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	885.			
2	Total tax		2	0.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3				
4	Amount you want refunded to you		4				
5	Amount you owe		5	0.			
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy	of your	return)			
my kn	r penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm	ve are the amo	unts from t	he income tax			

to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

ERO firm name	Ý Fr
X lauthorize GLOBAL TAXES LLC to enter or generate	my PIN

Ent	er fiv n't er	e di	gits, all ze	but	as my
5	2	9	0	4	
	5 Ent	5 2 Enter fiv	5 2 9 Enter five dia	5 2 9 0 Enter five digits, don't enter all ze	5 2 9 0 4 Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sign	nature Da	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III C	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a	 	2	7	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨									
ERO Must Retain This Form – See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040)-	NR Department of the Treasury-Interr U.S. Nonresident Ali			leturn	2023	OMB No.	1545-0074		Only—Do not write ple in this space.
For the year Jar	า. 1–	Dec. 31, 2023, or other tax year beginni	ing		, 2023, e	nding		, 20		ee separate
Your first name			Last na					Your		ing number
PRASHANTH	I		KOLA						6-65-	,
Home address ((nun	ber and street). If you have a P.O. box	, see inst	tructions.						Apt. no.
1027, 7тн	IS'	IREET CHARLESTON								
City, town, or p	ost d	office. If you have a foreign address, als	so compl	lete spaces belo	w.		State		ZIP c	ode
CHARLESTO	N						IL		619	20
Foreign country	' nar	ne	Foreigr	n province/state/	county		Foreig	n postal o	ode	
Filing Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Status If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependence on the post.								ependent:	state	Trust
Digital Assets		any time during 2023, did you: (a) receiv erwise dispose of a digital asset (or a fi								
Dependents							(4)	Check the I	ox if qua	ifies for (see inst.)
(see instructions):		(1) First name Last name		(2) Depender identifying nur		(3) Relationship to		hild tax cr	edit	Credit for other
		(I) I Ist hame Last hame		lucitarying har			you			dependents
If more than four										
dependents, see instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, box	1 (see ir	nstructions) .				. 1	a	885.
Effectively	b	Household employee wages not repo	•	,					b	
Connected	с	Tip income not reported on line 1a (s							c	
With U.S.	d	Medicaid waiver payments not repor							d	
Trade or	е	Taxable dependent care benefits from							e	
Business	f	Employer-provided adoption benefits	s from F	orm 8839, line 2	θ.			. 1	f	
	g	Wages from Form 8919, line 6						. 1	g	
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .			<u>.</u> .		. 1	h	
1042-S,	i	Reserved for future use				. 1i				
SSA-1042-S, RRB-1042-S,	j	Reserved for future use						· [-	j	
and 8288-A	k	Total income exempt by a treaty from	n Sched	ule OI (Form 104	0-NR), ite	m L,				
here. Also		line 1(e)				. 1k				
attach Form(s)	z	Add lines 1a through 1h	1						z	885.
1099-R if	2a	Tax-exempt interest 2a				ble interest			b	
tax was withheld.	3a	Qualified dividends 3a				nary dividends .			b	
	4a	IRA distributions 4a				ble amount			b h	
If you did not get a Form	5a 6	Pensions and annuities 5a				ble amount			b S	
W-2, see	6 7	Reserved for future use							7	
instructions.	8		,	, ,		•			3	
	9	Additional income from Schedule 1 (Form 1040), line 10 .								885.
	10	Adjustments to income from Schedu		-				-	•	
		income	``			,	•		0	
	11	Subtract line 10 from line 9. This is y							1	885.
	12	Itemized deductions (from Schedu	le A (For	rm 1040-NR)) or	for certa	in residents of Ir	ndia, stan	dard	,	13,850.
	10-	deduction (see instructions)					/ finnfa f	reary	2	IJ,000.
	13а ь									
	b c	Exemptions for estates and trusts or Add lines 13a and 13b		,		. 130			Bc	
	с 14								4	13,850.
	14	Subtract line 14 from line 11. If zero							5	<u> </u>
		acy Act, and Paperwork Reduction Act						· '		040-NR (2023

Form 1040-NR (2023)							Page 2
Tax and	16	Tax (see instructions). Check if any	r from Form(s): 1 🗌 88	314 2 497	2 3 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 10	040), line 3				17	0.
	18	Add lines 16 and 17					18	0.
	19	Child tax credit or credit for other	dependents from Sched	ule 8812 (Form 104	40)		19	
	20	Amount from Schedule 3 (Form 10	040), line 8.....				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If ze					22	0.
	23a	Tax on income not effectively con	nected with a U.S. trade	or business from				
		Schedule NEC (Form 1040-NR), lir			23a			
	b	Other taxes, including self-employ	yment tax, from Schedul	e 2 (Form 1040),				
		line 21			23b			
	с	Transportation tax (see instruction	ns)		23c			
	d	Add lines 23a through 23c	·				23d	
	24	Add lines 22 and 23d. This is your					24	0.
ayments	25	Federal income tax withheld from						
aymonio	а	Form(s) W-2			25a			
	b	Form(s) 1099			25b			
	c	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	
	e	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and					26	
	27	Reserved for future use			27		20	
	28	Additional child tax credit from Sc			28			
	20 29	Credit for amount paid with Form			29		-	
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 10			31		-	
	32	Add lines 28, 29, and 31. These a					32	
	33	Add lines 25d, 25e, 25f, 25g, 26, a	-				33	
efund	34	If line 33 is more than line 24, sub					34	
eluna	35a	Amount of line 34 you want refun			•		35a	
rect deposit?	b	Routing number X X X X			Checking		554	
e instructions.		Account number X X X X				Savings		
		If you want your refund check ma				nogo 1		
	е							
	26	enter it here Amount of line 34 you want appli	od to vour 2024 ostimat		36		-	
	36 37	Subtract line 33 from line 24. This			30			
mount	31	For details on how to pay, go to w	•	see instructions			37	0
ou Owe	38	Estimated tax penalty (see instruc	0 ,		38	• •	31	0.
ام زير ما		, , ,	,			o Como	loto hol	ow. 🛛 No
'hird Party	-	u want to allow another person to o		ie instruc		es. Comp		Jw. 🔼 NO
esignee	Desig name		Phone no.			nal identif er (PIN)	ication	
Solghee		penalties of perjury, I declare that I have				· /	o host a	f my knowlodge and
		they are true, correct, and complete. De						
Sign		signature	Date	Your occupation				ent you an Identity
lere	Tour		Date					PIN, enter it here
				STUDENT			inst.)	
	Phone	e no.	Email address					
aid			Preparer's signature		Date	PTIN		Check if:
aid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAF	R GUPTA TALLAM	02/14/2024	P0208	2703	Self-employed
)						Phone r		78)965-9522
-	Firm's							
Preparer Jse Only		020200 10000 2	LC I E BRUNSWICK No	T 08816		Firm's E		4-3171965

SCHEDULE NEC
(Form 1040-NR)

Department of the Treasury Internal Revenue Service

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

PRASHANTH KOLA

636-65-2904

Enter **amount of income** under the appropriate rate of tax. See instructions.

	Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)
			(a) 10%	(b) 13%	(C) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b					
с	Dividend equivalent payments received with respect to section 871(m) transactions	3 1 c					
2	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations	2b					
с	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below						
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	Winnings						
b	Losses	100					
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11					
12	Other (specify):	_					
		40					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column						
15	Tax on income not effectively connected with a U.S. trade or business. Add colu					NR, line 23a 15	
	Capital Gains and Losses	Fron	n Sales or Excha	nges of Proper	ty		1
losses f exchan within t	Inly the capital gains and from property sales or ges that are from sources he United States and not 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date are mm/dd/		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. s. Do not include a gain						
or loss	on disposing of a U.S. real y interest; report these						
gains a	nd losses on Schedule D						
(Form 1 Denort							
exchan	property sales or ges that are effectively						
	18 Capital gain. Combine columns (f) and (g) of line	17. En	ter the net gain here	e and on line 9 abo	ove. If a loss, enter	r-0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074

	ent of the Treasury Revenue Service	Ans	wer all questions.	the latest mormation.	1	Attachment Sequence N	lo. 7C
ame sl	nown on Form 1040-NR				Your identifyin		
RAS	HANTH KOLA				636-65-2	2904	
1	Of what country or countries						
	In what country did you claim	n residence for tax purpose	s during the tax year?	United States			
	Have you ever applied to be a						
	Were you ever:					_	
	A U.S. citizen?						X No
2.	A green card holder (lawful pe					Yes	🛛 No
	If you answer "Yes" to (1) or (2		•				
	If you had a visa on the last immigration status on the last	day of the tax year. F1			-		_
	Have you ever changed your If you answered "Yes," indicated	visa type (nonimmigrant sta te the date and nature of the	tus) or U.S. immigratic e change:	on status?		☐ Yes	X No
	List all dates you entered and	left the United States durin	g 2023. See instructio	ns.			
	Note: If you're a resident of 0				ent intervals,		
	check the box for Canada o	r Mexico and skip to item H	<u>+.</u>	🗌 Canada	Mexico		
	Date entered United States	Date departed United State	es Da	te entered United State	s Date der	parted Unite	d States
	mm/dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy	
	Give number of days (including 2021						
		, 2022				X Yes	
	Did you file a U.S. income tax If "Yes," give the latest year a						
	Are you filing a return for a tru	iet?	104	IONK		Yes	XNo
	If "Yes," did the trust have a						
	U.S. person, or receive a cont						🗌 No
	Did you receive total compension						
	If "Yes," did you use an altern						
	Income Exempt From Tax-I						
	complete (1) through (3) below				,		
1.	Enter the name of the country,	, the applicable tax treaty art	icle, the number of mo	onths in prior years you	claimed the t	reaty benef	it, and t
	amount of exempt income in the						
	(a) Cou	untry	(b) Tax treaty article	(c) Number of month		mount of ex	empt
				claimed in prior tax ye	ars income	e in current t	ax year
	(e) Total. Enter this amount of	on Form 1040-NR, line 1k. D	o not enter it anywher	e else on line 1			
2.	Were you subject to tax in a fe	oreign country on any of the	income shown in 1(d)) above?		🗌 Yes	🗌 No
3.	Are you claiming treaty benefi	its pursuant to a Competent	t Authority determinati	on?		🗌 Yes	🛛 No
	If "Yes," attach a copy of the	Competent Authority detern	nination letter to your	return.			
	Check the applicable box if:						

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023